

Organizational and Cultural Issues in Research Designed to Increase the Therapeutic Responsiveness of Adolescent Psychotherapy in a Community Agency Project

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ABSTRACT: The Center for Research on Psychological Practice (CROPP) is collaborating with a community mental health center (MHC) to evaluate the effectiveness of adolescent outpatient treatment, the effects of an adolescent-focused clinician training, and the effects of feedback to clinicians on client treatment progress. During the 2-year research process, challenges to successfully implementing the research arose, including: difficult data collection logistics, technological concerns, insufficient participant interest, wavering commitment to project by MHC staff, ineffective communication between CROPP and MHC, MHC staff turnover and changes, and systemic cultural differences between CROPP and MHC. Preliminary results of this program evaluation are presented along with a discussion on how issues of organizational culture, climate, and readiness for change became crucial to the research process. Suggestions and models for conducting psychotherapeutic research in community settings are provided.

In the beginning...

A local mental health agency contacted Antioch University's Center for Research on Psychological Practice (CROPP) for trainings on the topic of brief therapy techniques for adolescent outpatient clients. In line with its mission, CROPP offered to provide the training in exchange for an evaluation protocol involving baseline, training, and post-training data from the participating adolescents and clinicians. The MHC agreed that outcome data would be necessary and also wanted to integrate outcome evaluation techniques in their organization as a whole.

An agreement was made between the MHC and CROPP to engage in a multi-year outcome evaluation and training project. They formulated a contract delineating the agreement, timeline, and expectations of each party. Several steps, meetings, and mid-flight corrections occurred as the collaborative project ensued. During the first

year of baseline data collection, fewer clients agreed to participate in the research than expected; therefore, changes to project procedure included increasing incentives, increasing reminders to MHC personnel responsible for administering questionnaires to participants, and changing the order of initial introduction to research during adolescent's intake session.

After approximately one year of data collection, the project stalled due to limited participant sign-up and concerns over research procedure viability. Since that time, MHC and CROPP have changed the nature of the research collaboration and have begun a purposeful reflection process on how to target organizational culture and its readiness to change. This presentation is a description of the community-based project, barriers and challenges faced, lessons learned from the experience, and a model from the literature that now guides this projects.

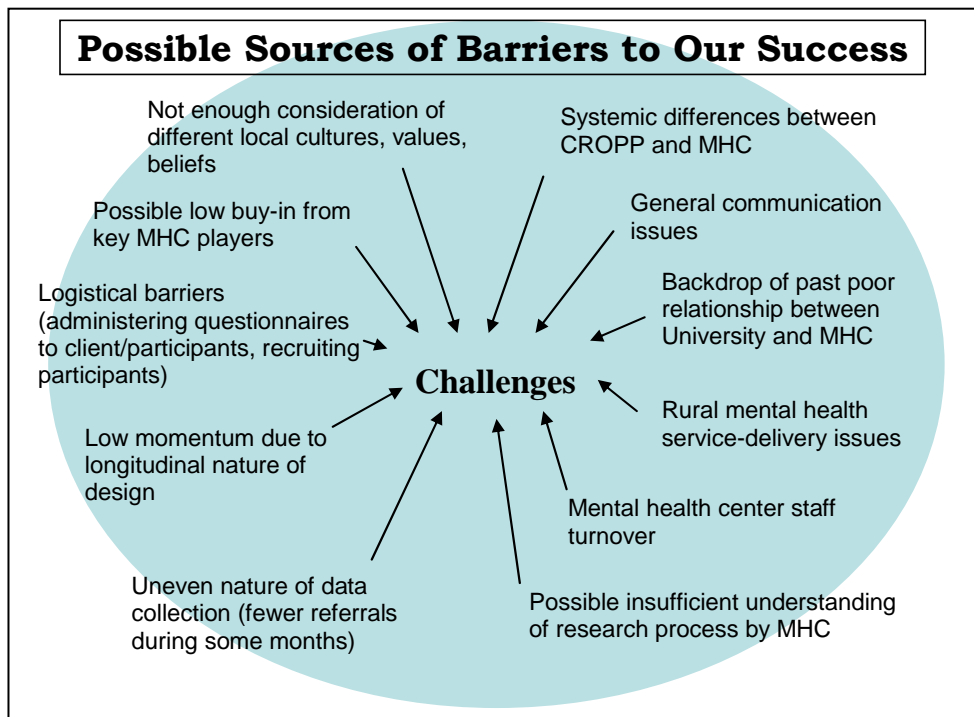
Challenges Experienced

Anticipated Challenges

1. Data collection logistics: technological concerns, ease for Mental Health Center staff
2. Participant recruitment: Insufficient participant interest
3. Length of Timeline: Delayed training due to need for sufficient baseline

Unanticipated Challenges

1. Wavering commitment to project
 - a. Local competing priorities
 - b. Courtship of alternate training projects
2. Ineffective communication regarding concerns
 - a. Underlying concerns
 - b. Discordant perceptions (When we say “easy,” do they hear “*unimportant*” or “*burden?*”)
3. Mental Health Center staff turnover and changes
 - a. Key administrative collaborator/internal cheerleader
 - b. Participant recruiter
4. Systemic cultural differences between CROPP and Mental Health Center



Lesson Learned: Think Systemically

Assumptions when thinking systemically:

1. There are multiple causes and effects within an organization of people.
2. We can distinguish tasks or problems as being “easy”, “complicated”, or “complex.”
3. Anything made up of human beings is inherently complex and full of dynamic relationships.
4. Research is an intervention.

Organizational and Cultural Issues

Field Researchers

1. Roles and systems of decision-making and communication
2. Assumptions of conducting research and how to frame research
3. Strategies (or lack thereof) for assessing and influencing the readiness of key players
4. Limited research assistant availability depending on semester
5. Pressure to collect data and publish findings

Mental Health Center

1. Connotations of “research”
2. The nature of rural Community Mental Health Centers
3. Roles and systems of decision-making and communication
4. Mental health center’s high staff turnover
5. Logistical barriers
6. Staff interests varied and did not always match proposed research interest

Clients

1. Negative perceptions of “research” and “confidentiality”
2. Perception that mental health staff felt uncomfortable about the research
3. Resentment that questionnaires interrupted therapy time
4. Lack of understanding of the purpose of the questionnaires
5. Age of clients: natural skepticism?

Mental Health Center ↔ Researchers

1. Social Work vs. Psychology cultures
2. Use of “controlled-setting” assumptions in the “real-world”
3. Differences in power/communication structures

Specific Activities to Enhance Buy-In

1. Re-define your role from “researcher” to “collaborator.”
2. Discuss the factors, relationships, and the systemic nature of the organizations.
3. Discuss the expectations of the process: takes time, there will be change, some new and perhaps uncomfortable changes or understandings may occur.
4. Discuss the anticipated barriers, hesitations, worries, hopes, and goals.
5. Discuss methods of future reflection and potential “mid-flight corrections.”
6. Use supportive language that highlights collaboration, reflective nature of project, and respect for all members of system.
7. Provide regular opportunities for individuals to reflect on process, feel heard, and make necessary changes.
8. Assess the “pulse” of the organization and subgroups regularly.

New Research Assumptions

1. “Research” is a collaborative process.
2. The mental health organization is an equal owner of the process and data.
3. Organizations are “complex.”
4. Research design and process must be reflexive and flexible.
5. The research process is an intervention itself.

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